## FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agenc	y and Organizational Element	2. Federal Grant or Other Identifying Number Assigned		OMB Approval	Hage of	
to Which Report is Submitted		By Federal Agency		No.	' '	
Denali Commission		220-06	•		Pages	
Denali Commission   220-06   3. Recipient Organization (Name and complete address, including ZiP co			de)	<u> </u>		
ANTHC/DEHE, 1901 Bragaw St, Anchorage, AK 99508						
	entification Number	5. Recipient Account Numb	er of Identifying Number	6. Final Report	7. Basis	
92-0162721				<u> </u>	IICash IXIAccrual	
8. Funding/Grant Period (See instructions)		To Month Day Your	9. Period Covered by this R		nı Veari	
From: (Month, Day, Year)		To: (Month, Day, Year)			To: (Month, Day, Year)	
6/1/2006		6/1/2008	10/1/2006	12/31/2006	iii ii	
10. Transactions:			<b>'</b>	11	i ui	
			Previously Reported	This Period	Cumulative	
a. Total cutlays			** ***	\$4.744.800	20 ##5 204	
b. Recipient share of outlays			\$1,844,041	\$1,711,593	\$3,555,634	
					\$0	
c. Federal share of outlays						
d. Total unliquidated obligations			\$1,844,041	\$1,711,593	\$3,555,634	
u. Total draiquidated obligations					\$0	
e. Recipient's share of unliquidated obligations						
Endowed phase of uniterial chilingtions					\$0	
f. Federal share of unliquidated obligations					•	
g. Total federal share (sum of lines c and f)					<b>\$</b> 0	
					\$3,555,634	
h. Total federal funds authorized for this funding period						
i. Unobligated balance of federal funds (Line h minus line g)			$\dashv$		\$18,599,888	
3/					\$15,044,253	
a. Type of Rate (Place an "X" in appropriate box)						
11. Indirect     Provisional     Predetermined     Final   X   Fixed						
Expense	b. Rate .	c. Base	d. Total Amount	e. Federal Share		
12. Remarks;	Attach any explanations deem	ed necessary or information r	required by Federal sponsoring a	agency in compliance	e with	
<ol> <li>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</li> </ol>						
* Prior period adjustment						
note OK by Diane Chris Sc 2/1/07						
1000 by State Cross						
36 41107						
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and						
unliquidated obligations are for the purposes set forth in the award documents.  Typed or Printed Name and Title  Telephone (Area code, number and extension)						
The state of the s						
Diane Chris, Construction Controller  Signature of Authorized Certifying Official  1/31/2007						
Signature of Authorized Certifying Official						
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Previous Editions not Usable  Standard Form 2604 (Pay 4-88)						